



EMPLOYEES' STATE INSURANCE CORPORATION

DECLARATION & CERTIFICATE FOR DEPENDANT'S BENEFIT

(Regulation 107A)

Name of the deceased Insured Person :	
Insurance Number of the deceased Insured Person :	

I being the of the above named deceased Insured Person and also being his dependant, do hereby solemnly declare :

- That I have not married / remarried so far. (To be given only by a female dependant).
- That I have not yet attained the age of Twenty Five Years. (To be given in respect of minor male dependant).
- That I have attained the age of Twenty Five Years but continue to be infirm.
(To be given by a legitimate / adopted Infirm Son. Certificate as specified, to be attached, if required).

PRESENT ADDRESS	
PINCODE	
CONTACT NUMBER	
AADHAR NUMBER	
NAME OF BANK BRANCH	
ACCOUNT NUMBER	
IFS CODE	

Date :

Signature of Dependant :

CERTIFICATE

Certified that Shri / Smt./ Kumari w/s/d of

..... is alive this day, the day of

20 and that the declarations made above are true to the best of my knowledge and belief.

Signature :
Name :
Seal :

Important : Any person who makes a false statement or misrepresentation for the purpose of obtaining benefit. Whether for himself or for some other person, commits an offence punishable with imprisonment for a term which may extend up to six months or with a fine upto Rs.2000 or with both.